

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN

RECEIVED
MAR 26 2004

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$0

b. FFY 2005 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Attachment 2.6-A
Pages 1 and 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Supplement 6 to Attachment 2.6-A
Pages 1 and 2

Washington (04-003)

approved: 04/16/04
effective: 01/01/04

10. SUBJECT OF AMENDMENT:

SSI Standards

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Dennis Braddock

13. TYPED NAME:

DENNIS BRADDOCK

14. TITLE:

Secretary

15. DATE SUBMITTED:

3/25/04

16. RETURN TO:

Department of Social and Health Services
Medical Assistance Administration
925 Plum St SE MS: 45533
Olympia, WA 98504-5533

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

MAR 26 2004

18. DATE APPROVED:

APR 16 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JAN - 1 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Karen S. O'Connor

22. TITLE:

Associate Regional Administrator
Division of Medicaid &
Children's Health

23. REMARKS:

3/25, Olympia

REVISION

SUPPLEMENT 6 TO ATTACHMENT 2.6-A
PAGE 1

State: WASHINGTON

FEDERALLY ADMINISTERED OPTIONAL STATE SUPPLEMENT:
PAYMENT GROUPS/INCOME LEVELS
January 1, 2004

	Gross Income Level	Standard	SSI Benefit	State Supplement
Statewide Standard - Living Alone/1				
Individuals:	\$1,692	\$564	\$564	\$0
*Over age 65 or blind		610	564	\$46
Couples:				
1. Both individuals eligible:	2,538	846	846	0
2. Eligible individual w/one essential person on rolls before 1/1/74:		** No individuals identified in this category in November 2003		
3. Eligible individual with ineligible spouse enrolled after 1/1/74:	1,692	610	564	46

1: Living alone includes room and board living arrangements.

Statewide Standard - Shared Living (Supplied Housing):

Individuals:	\$1,128	\$376	\$376	0
Couples:				
1. Both individuals eligible:	1,692	564	564	0
2. Eligible individual w/one essential person on rolls before 1/1/74:		** No individuals identified in this category in November 2003		
3. Eligible individual with ineligible spouse enrolled after 1/1/74:	1,128	422	376	46

REVISION

SUPPLEMENT 6 TO ATTACHMENT 2.6-A
PAGE 2

State: WASHINGTON

FEDERALLY ADMINISTERED OPTIONAL STATE SUPPLEMENT:
PAYMENT GROUPS/INCOME LEVELS
January 1, 2004

	Gross Income Level	Standard	SSI Benefit	State Supplement
Statewide Standard – Other Living/1:				
Individuals	\$1,692	1,692	564	0
Includes individuals in a Congregate Care Facility, Adult Residential Treatment Facility, Adult Family Home or Group Home. (These are non-Title XIX facilities.)				